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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 085742-0486 | |
| In re Application of Bianca BROGMANN, et al. | | | |
| Application Number 10/510,673 – CNF. 1883 | | Filed May 23, 2005 | |
| For MATRIX FOR SUSTAINED, INVARIANT AND INDEPENDENT RELEASE OF ACTIVE COMPOUNDS | | | |
| Art Unit 1615 | | Examiner Caralynne HELM | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

| | |
|---|-----------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 1,110 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ **The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 500417.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ **attorney or agent of record. Registration Number: 52,392**

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

OCTOBER 27, 2010

Date

General: (212) 547-5400

Telephone Number

/PAUL M. ZAGAR/

Signature

PAUL M. ZAGAR

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.